	Special Needs Transportation (SNT) Services Quality Assurance Review		
Review Period:		**District:**	
Date of Review:		**Reviewer:**	
	NOTE: RECORDS SHOULD BE MAINTAINED BY YEAR AND QUARTER		

Section 1				
SNT STUDENTS	**DISTRICT'S DOCUMENTATION**	**SCDE'S DOCUMENTATION**	**MET**	**COMMENTS**
1.1 Record of which special needs transportation students are, or have been in the past Medicaid-eligible (Note: For privacy purposes, trips by all children are recorded, not just the Medicaid-eligible children.)	• IDEA file • Power School record • Record of paid/denied claim; eligibility checks	* SNT Databases * SNT mainframe files; 270-271 files * Information from District IDEA and Power School files	Yes	
1.2 Electronic copies of all SNT logs separated by month where applicable?	* Copies of logs	* Original logs	Yes	
1.3 Is transportation listed in each child's IEP?	*Copy of current IEP listing SNT	*IEP data from district	Yes	
1.4 Do SNT logs include: 1. District name, address,	* Copies of logs	* Original logs. For any hand-written in names, check for demographics/IEP	Yes	

				MET	COMMENTS
	phone number 2. Route # 3. Driver's name 4. Vehicle #, License Tag #, District # 5. Date 6. Passenger Name				
1.4	Is transportation for each child provided in a vehicle or school bus specially adapted to serve the needs of the disabled? See LEA Manual.	* Applicable Special Needs Transportation requirement information	* SNT Databases * SNT requirement information from district IDEA or Transportation offices	Yes	

Section 2					
SNT DRIVERS		**DISTRICT'S DOCUMENTATION**	**SCDE'S DOCUMENTATION**	**MET**	**COMMENTS**
2.1	Documentation of the bus drivers' certification.	* List of Drivers and Copies of certifications		Yes	
2.2	Documentation of training for SNT bus drivers and staff on the SNT process.	* Dated sign in sheets for training * Copies of training materials		Yes	
2.3	Does the bus driver complete AM, Midday, and PM special need transportation logs as	*How does the district know? Check for process and implementation		Yes	

	children are transported and at least daily? See LEA Manual.				
2.4	Does the bus driver sign each SNT log? See LEA Manual.	*SNT checklist completed monthly by district and submitted to SCDE.	*Monthly Review by SCDE Program Assistant.	Yes	
2.5	Documentation of a process to ensure that bus drivers accurately complete the trip logs.	*SNT checklist completed monthly by district and submitted to SCDE.	*Monthly Review by SCDE Program Assistant.	Yes	
Section 3					
SNT DATA MANAGEMENT		**DISTRICT'S DOCUMENTATION**	**SCDE'S DOCUMENTATION**	**MET**	**COMMENTS**
3.1	Is demographic information entered into SNT database in a timely manner?		Check SCDE records before QAR	Yes	
3.2	Does the district transmit the SNT trip information to SCDE in a timely manner?		Check SCDE records before QAR	Yes	
3.3	Does the district transmit SNT IEP information, special needs classification data and special		Check SCDE records before QAR (See SCDE SNT checklist)	Yes	

	transportation requirements to SCDE in a timely and secure manner?				
3.4	Does the district transmit drivers' names, and vehicle or state bus ID numbers to SCDE according to the SNT schedule?		Check SCDE records before QAR	Yes	
3.5	Is documentation written legibly?		Check SCDE Program Assistant.	Yes	
3.6	Were errors corrected in accordance with the guidelines for correcting legal documents as outlined in the Medicaid Policy Manual? See LEA Manual.		Check with SCDE Program Assistant.	Yes	
3.7	Check SCDE records of Medicaid eligibility for this district's SNT students.	Check district copies	Check SCDE records before QAR	Yes	
3.8	Pull information on the SNT claims filed	Check district copies	Check SCDE records before QAR	Yes	

	and paid; check the Clemson Tape data for verification that health-related services were received at school on that day. See LEA Manual.				

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